

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10

SERIAL NO.

525777

FILING DATE

(APPLICANT'S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2		1		/		
3		2		/		
4		2		/		
5		2		/		
6		2		/		
7		2		/		
8		2		/		
9		2		/		
10		2		/		
11		2		/		
12		2		/		
13		2		/		
14		2		/		
15		2		/		
16		2		/		
17		2		/		
18		2		/		
19		2		/		
20		2		/		
21		2		/		
22		2		/		
23		2		/		
24		2		/		
25		2		/		
26		2		/		
27		2		/		
28		2		/		
29		2		/		
30		2		/		
31		2		/		
32		2		/		
33		2		/		
34		2		/		
35		2		/		
36		2		/		
37		2		/		
38		2		/		
39		2		/		
40		2		/		
41		2		/		
42		2		/		
43		2		/		
44		2		/		
45		2		/		
46		2		/		
47		2		/		
48		2		/		
49		2		/		
50		2		/		
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	19	←	22	←		←
TOTAL CLAIMS	20		23			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						